 PHONE (218) 262-6675 FAX (218) 262-6677

Dates/Location of recipient stay in hospital/care facility/incarceration														
Dates of Service MM/DD/YY (month/day/year)	**Week 1** SUN 9/4/16	MON 9/5/16	TUE 9/6/16	WED 9/7/16	THUR 9/8/16	FRI 9/9/16	SAT 9/10/16	**Week 2** SUN 9/11/16	MON 9/12/16	TUE 9/13/16	WED 9/14/16	THUR 9/15/16	FRI 9/16/16	SAT 9/17/16
Activities (initial each box in which supports were provided by you for each shift)														
Dressing			JS	JS	JS					JS	JS			
Grooming				JS	JS					JS	JS			
Bathing			JS	JS						JS				
Eating			JS	JS	JS					JS	JS			
Transfers				JS	JS					JS	JS			
Mobility			JS	JS	JS					JS	JS			
Positioning			JS	JS	JS					JS	JS			
Toileting				JS	JS					JS	JS			
Health Related			JS	JS	JS					JS	JS			
Behavior														
IADL's			JS											
Visit One														
Ratio DSP to consumer	1:1 1:2 1:3	1:1 1:2 1:3	(1:1) 1:2 1:3	(1:1) 1:2 1:3	(1:1) 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	(1:1) 1:2 1:3	(1:1) 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3
Shared services location														
Time in (circle AM/PM)	AM PM	AM PM	8:45 (AM) PM	8:00 (AM) PM	9:30 (AM) PM	AM PM	AM PM	AM PM	AM PM	9:15 (AM) PM	8:00 (AM) PM	AM PM	AM PM	AM PM
Time out (circle AM/PM)	AM PM	AM PM	4:15 AM (PM)	4:00 AM (PM)	4:45 AM (PM)	AM PM	AM PM	AM PM	AM PM	4:00 AM (PM)	12:00 AM (PM)	AM PM	AM PM	AM PM
Visit Two														
Ratio DSP to consumer	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	(1:1) 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3	1:1 1:2 1:3
Shared services location														
Time in (circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	1:00 AM (PM)	AM PM	AM PM	AM PM
Time out (circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	5:00 AM (PM)	AM PM	AM PM	AM PM
Daily Total (Hours)	Hours	Hours	Hours 7.5	Hours 8	Hours 7.25	Hours	Hours	Hours	Hours	Hours 6.75	Hours 8	Hours	Hours	Hours

Total Hours (This time sheet)	**Total 1:1 Hours** 37.5	**Total 1:2 Hours**	**Total 1:3 Hours**

Acknowledgement and Required Signatures

After the DSP has documented his/her time and activity, the consumer must draw a line through any dates/times he/she did not receive services from the DSP. Review the completed contact sheet for accuracy before signing. **It is a crime to provide false information on DSP billings for Medical Assistance payment. By signing below you swear and verify the time and services entered above are accurate and that the services were performed by the DSP listed below as specified in the Care Plan.**

Consumer / RP Name (print)	MA # or DOB	Consumer / RP Signature	Date
John Smith	3/15/76	John Smith	9/17/16

I certify and swear under penalty of law that I have accurately reported on this time sheet the hours I actually worked, the services I provided, and the dates and times worked.
I understand that misreporting my hours is fraud for which I could face criminal prosecution and civil proceedings.

DSP Name (print)	UMPI Number	DSP Signature	Date
Jane Smith	A123456789	Jane Smith	9/17/16

SAMPLE